

STATE OF CALIFORNIA

DEPARTMENT OF INSURANCE

ADMINISTRATION AND LICENSING SERVICES BRANCH

320 CAPITOL MALL

SACRAMENTO, CA 95814

(916) 492-3035

(916) 327-8109 FAX

[www.insurance.ca.gov](http://www.insurance.ca.gov)

LIC 268-C(Rev 05/07)



To issue your Bail license identification card, in compliance with Title 10, Section 2077.1, of the California Code of Regulations, return this letter with an original signature and the listed items below to Department of Insurance, PO Box 1139, Sacramento, CA 95812.

1. Two recently taken passport type-photographs.
2. A copy of your valid Drivers License, California Identification Card, or Passport.
3. \$24 processing fee.
4. Information requested below with original signature.

Licensee Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Sex: \_\_\_\_\_

Reason for replacement of card: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The replacement Bail identification card will be mailed to your mailing address on file with this office. If you have any questions, please call (916) 492-3035.